



GALLATIN COUNTY

Zoning Variance Application Form

1. Applicant

Name: _____
Address: _____
Phone: _____ Fax: _____

2. Property

Address: _____
Section: _____ Township: _____ Range: _____
Subdivision/COS: _____ Block: _____ Lot: _____
Other legal description: _____

☐ If legal description is complex, please submit on disk.

DOR#: 06 _____
(2) (4) (2) (1) (2) (2) (4)

Land area (acres or square feet): _____

Are there any covenants or deed restrictions on the property? _____
If yes, please attach a copy.

3. Current zoning and use

Zoning district: _____ Zoning designation: _____
Use: _____

4. Required attachments

- ☐ **Description of proposed variance.** (15 copies)
- ☐ **Statement addressing all Zoning Variance Evaluation Criteria.** (15 copies)
- ☐ **Site plan.** (15 copies)
- ☐ **Certified list of adjacent property owners.** (one copy)

☐ **Mailing labels.** (three sets)

☐ **Payment for certified mailing of legal notice to adjacent property owners.**

_____ X \$12.00 _____
Number of adjoining property owners

☐ **Application fee.** (Checks should be payable to Gallatin County)

To be submitted after initial application is made, but at least 10 days before public hearing is held:

☐ **Certified statement of posting.** (For “donut” only.)

- I hereby certify that the information on and attached to this application is true and correct.
- I understand that fees for this application are not refundable.
- (For “donut” only) I understand that I am responsible for posting notice and for certifying that such posting has been completed before any scheduled public hearing(s) on this variance are held.

Applicant's signature

Date: _____

FOR OFFICE USE ONLY			
Date filed:	_____		
Application Fee:	_____ + _____ 1 st parcel # of add'l parcels	x fee	_____
			total fee
Certified mailing fee:	_____ x \$12 # of adjoining prop. owners		_____
			total fee
Hearing date(s):	_____	Action:	_____
	_____		_____
	_____		_____
	_____		_____

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